

DDA AGENCY SELF ASSESSMENT FORM CHILD PARTICIPANT CLINICAL REVIEW

Deficiency citation number	IDAPA 16 .04.11 DEVELOPMENTAL DISABILITIES AGENCIES	Is agency in compliance YES NO N/A	COMMENTS If marked no state reason why agency is not in compliance.
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Participant Name:

Agency:

Date:

16.04.11.705.02.	Is the Case Record organized? The case record must be divided into program and discipline areas identified by tabs, including plan of service, medical, social, psychological, speech, and developmental, as applicable.				
	ELIGIBILITY				
16.04.11.705.01.a and 708.02	Do the participant's records contain a physicians order? Each participant record must contain an order by a physician or other practitioner of the healing arts for each DDA service the participant is receiving on an ongoing basis; (this can be the MCE, HC, or prescription)				
16.04.11.701.01	Did the DDA determine and document eligibility prior to delivery of DDA services? Prior to the delivery of any DDA services did does the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA:				
16.04.11.600.01.e	Does the agency assure that the medical or psychiatric assessment on file formulate a diagnosis?				
16.04.11.701.01.a	Did the agency obtain or complete a medical assessment, Psychological Assessment and Standardized Comprehensive assessment when determining eligibility?				
16.04.11.701.01.a	Does the medical assessment contain medical information that accurately reflects the current status of the person and, when applicable, establish categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code?.				
16.03.10.503.	Tests used to determine a developmental disability must reflect the current functional status of the individual being evaluated. Tests over one (1) year old must be verified to reflect the current status of the individual by an appropriate professional. Is there documentation that the SIB-R been completed annual or verified to reflect current status?				
16.04.11.701.01.b	If the medical assessment does not establish categorical eligibility , did the DDA obtain or conduct a psychological assessment that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code? 16.04.11.701.01.				
16.04.11.701.01.c	Does the Standardized Comprehensive Developmental Assessment contain developmental information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations in accordance with Section 66-402(5)(b)?				
	INTAKE / RIGHTS/ CONSENT -RECORD INFORMATION				
16.04.11.705.01.d.	Does the participant file contain a current profile sheet? containing the identifying information about the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care;				
16.04.11.905.03.	PARTICIPANT RIGHTS: Does the agency have a process in place to assure that there is documentation that they provide each participant and his parent or guardian, where applicable, with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights?				
	COMPREHENSIVE DEVELOPMENTAL ASSESSMENT				
16.04.11.708.01	Is the comprehensive developmental assessment completed prior to the delivery of service?				
16.04.11.708.01	Does the assessment document the participant's need for service?				
16.04.11.604.01.	Does the agency assure that a comprehensive developmental assessment completed by the DDA is conducted				

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	by a qualified Development Specialist?				
16.04.11.604.01.	Does the agency assure that the comprehensive developmental assessments completed by the DDA reflect a person's developmental status in the following areas: a. Self-care; b. Receptive and expressive language; c. Learning; d. Gross and fine motor development; e. Self-direction; f. Capacity for independent living; and g. Economic self-sufficiency?				
16.04.11.705.01.f.	Does the assessment, completed or obtained by the agency, include assessment results, test scores when applicable, and narrative reports , signed with credentials and dated by the respective evaluators?				
16.04.11.601.01	Is the comprehensive assessment completed or obtained prior to the delivery of therapy?				
16.04.11.600.01.a	Does the comprehensive assessment determine the necessity of the service?				
16.04.11.600.01.b	Does the comprehensive assessment determine the participant's needs ?				
16.04.11.600.01.c	Does the comprehensive assessment guide treatment ? (can you see a clear connection between the IP's implemented and the assessment narrative indicating the barrier to services and corresponding need?)				
16.04.11.600.01.d	Does the assessment Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline?				
16.04.11.600.03	Is the assessment signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person?				
16.04.11.708.01	Does the agency assure that all services are included on the participant's plan of service?				
16.04.11.600.01.e	Does the assessment recommend the type and amount of therapy necessary to address the participant's needs?				
16.04.11.602.01	Is the assessment current? To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis.				
16.04.11.602.02. (Also Refer to 601.02)	At the time of the required review of the assessment, does the qualified professional in the respective discipline determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participants current status in that service area?				
16.04.11.602. Also Refer to 601.02	If during review of the assessment the latest assessment accurately represents the status of the participant, does the file contain documentation from the professional stating so?				
OTHER COMPREHENSIVE ASSESMENTS					
If comprehensive assessment for PT/OT/SLP/Psych is indicated please use the checklists on pages 6-9 to assure compliance.					
	MEDICAL SOCIAL HISTORY				
16.04.11.701.02.b	Has the agency assured that for all participants it has obtained or completed a comprehensive medical and medical/social history ?				
16.04.11.604.07. Also refer to 602.03	Does the agency assure that there is a current Medical/Social History on file completed by a licensed social worker or other qualified professional working within the scope of his license?				
16.04.11.604.07	Is the medical/social history a narrative report that includes the following a. Medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; (7-1-06) b. Developmental history including developmental milestones and developmental treatment interventions; (7-1-06) c. Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse; (7-1-06)				

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	d. Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; e. Educational history including any participation in special education; (7-1-06) f. Prevocational or vocational paid and unpaid work experiences; (7-1-06) g. Financial resources; and (7-1-06) h. Recommendation of services necessary to address the participant's needs. (7-1-06)				
	PSYCHOLOGICAL ASSESSMENTS				
16.04.11.601.	Psychological Assessment. A current psychological assessment must be completed or obtained: (7-1-06) a. When the participant is receiving a behavior modifying drug(s); (7-1-06) b. Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); (7-1-06) c. Prior to the initiation of supportive counseling; (3-30-07) d. When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-06) e. When a participant has been diagnosed with mental illness; or (7-1-06) f. When a child has been identified to have a severe emotional disturbance. (7-1-06) Does the participant meet any of the following requirements to indicate the need for a psychological assessment? If YES, complete the assessment requirements under Occupational Therapy Assessments at the end of the form				
	PSYCHIATRIC ASSESSMENTS				
16.04.11.601.01	Is there a need indicated for a Psychiatric Assessment? If so complete the assessment requirements under Psychiatric Assessments at the end of the form.				
	OCCUPATIONAL THERAPY ASSESSMENT				
16.04.11.420.15; 604.03, & 601.01	Has a need for Occupational Therapy been indicated on the comprehensive Developmental Assessment or is there comprehensive assessment completed or obtained? If YES, complete the assessment requirements under Occupational Therapy Assessments at the end of the form.				
	PHYSICAL THERAPY ASSESSMENT				
16.04.11.420.16 604.04 & 601.01	Has a need for Physical Therapy been indicated on the comprehensive Developmental Assessment or is there comprehensive assessment completed or obtained? If YES, complete the assessment requirements under Physical Therapy Assessments at the end of the form.				
	SPEECH LANGUAGE ASSESSMENT				
16.04.11.420.26 604.05 & 601.01	Has a need for Speech/Language Therapy been indicated on the comprehensive Developmental Assessment or is there comprehensive assessment completed or obtained? If YES, complete the assessment requirements under SLP Assessments at the end of the form.				
	INDIVIDUAL PROGRAM PLAN				
16.04.11. 701.04. a	Does the IPP include type of service as defined in rule? a. Type of service refers to the kind of service described in terms of: i. Discipline; ii. Group, individual, or family; and iii. Whether the service is home, community, or center-based.				
16.04.11.701.04.b	Does the IPP's include amount of service defined as total number of service hours during a specified period of time.?				
16.04.11.701.04.c	Does the IPP include frequency as defined in rule?				
16.04.11.701.d.	Does the IPP include duration of service as defined in rule? This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan year must				

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	have a specified end date				
16.04.11.701.05.	Was the IPP developed following obtainment or completion of all applicable assessments?				
16.04.11.701.05.b.	Is there documentation in the file supporting that a copy of the IPP has been provided to the parent?				
16.04.11.701.05	Is there evidence of parent signature on the IPP prior to the delivery of services supporting that the planning process included the participant and his parent or legal guardian? If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record				
16.04.11.701.05.b	Is there evidence that a physician or other practitioner of the healing arts signed the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules				
16.04.11.701.05.d	Are the services ordered on the IPP supported by the assessments on file outlined in 705?				
16.04.11.701.05.e	Does the agency assure that the IPP promotes self-sufficiency , the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age appropriate?				
16.04.11.701.05.e.i	Does the participant's name and medical diagnosis appear on the IPP?				
16.04.11.701.05.e.i i	Does the name of the assigned DS, the date of the planning meeting, and the name and titles of those present at the meeting appears on the IPP?				
16.04.11.701.05.e iii.;	Does the IPP contains the dated signature of a physician or other practitioner of the healing arts recommending services on the plan?				
16.04.11.701.05.e iii	Does the physicians signature above was obtained prior to the delivery of service?				
16.04.11.701.05.e iv.	Is there evidence that all the type, amount, frequency and duration of therapy delivery is within a 20% deviation over a period of a four (4) weeks allowance outline in rule? If not, is there sufficient documentation of participant-based reason?				
16.04.11.701.05.e. v	Does the IPP contains a list of participant's current personal goals, interests and choices?				
16.04.11.701.05.e vi.	Does the IPP contain an accurate, current and relevant list of participant's prioritized developmental and prioritized behavioral strengths and needs?				
16.04.11.701.05.e.vi	Is there a PIP for each objective identified on the IPP?				
16.04.11.701.05.e.vii	Does the IPP includes a list of measurable stated objectives which correspond to the list of priority needs?				
16.04.11.701.05.e.vii i	Does each objective on the IPP have a discipline professional identified as responsible for it?				
16.04.11.701.05.e.ix	Does each objective have a target date for completion?				
16.04.11.701.05.e.x	Does the agency assure that each objective outline review date(s)?				
16.04.11.701.05.e.xi	Does the IPP contain a rule-complaint transition plan ? The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA				
	COLLABORATION				
16.04.11.706.	If services are provided by other providers, does the participant record show evidence that the DDA is coordinating participant services with other providers to maximize skill acquisition and generalization of				

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	skills across environments, and to avoid duplication of services? (copy of IEP, PCS, RH and PSR)				
16.04.11.706.01.	If the child is enrolled in school , does the agency assure there is the documented evidencing that the DDA has <ul style="list-style-type: none"> a. Informed the school district of the participant if they are serving the child during typical school hours AND b. Obtained a copy of the current IEP AND c. Provided a copy of their current IPP to the school? 				
	If the child is of mandatory school age seven (7) through sixteen (16), Does the DDA assure documentation is maintained in the file that the agency has referred the child to the local school district for enrollment? 16.04.11.706.01.b.				
	SKILL ASSESSMENTS				
16.04.11.605.01.	Do skill assessments further assess an area of limitation or deficit identified on a comprehensive assessment?				
16.04.11.605.02	Are skill assessments related to a goal on the ISP				
16.04.11.605.03.	Are skill assessments conducted by Qualified Professionals ? For the respective disciplines as defined in this chapter.				
16.04.11.605.04.	Do skill assessments determine a participant's skill level within a specific domain?				
16.04.11.605.05.	Are skill assessments used determine baselines and develop the program implementation plan?				
	IMPLEMENTATION PLAN				
16.04.11.703 <i>Also refer to 705.01</i>	Did the DDA develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service?				
16.04.11.703	Are the Program Implementation Plans related to a goal or objective on the participant's plan of service?				
16.04.11.703.	Are the Program Implementation Plans written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If not, the records must contain participant-based documentation justifying the delay.				
16.04.11.703.01.	Does the Program Implementation plan(s) contain the participant's name ?				
16.04.11.703.02	Does the Implementation plan include a baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned?				
16.04.11.703.03	Do the implementation plans include measurable behaviorally stated objectives that correspond to those goals or objectives identified on the Plan of service?				
16.04.11.703.04.	Does the Program Implementation Plan(s) have written instructions to staff that have curriculum, interventions, task analysis, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective.				
16.04.11.703.04.	Are the written instructions individualized and revised as necessary to promote participant progress toward the stated objective.				
16.04.11.703.05.	Does the implementation plans identify the type of environment(s) where services will be provided? (Home, Center, and Community (i.e.: Albertsons on Apple; library etc.)				
16.04.11.703.06	Does the implementation plan have a target date for completion?				
	Does the participant have the need for programming to address behaviors? If so complete below?				
16.04.11.915.04.	POSITIVE SOCIAL: Behavior Replacement. Does the program(s) to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior?				

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16.04.11.915.08	If programs are Written to assist participants with managing inappropriate behaviors, are they conducted with written informed consent of the participant, and guardian when applicable				
16.04.11.915.10	Is there a clear indication that the agency assures that interventions used to manage a participant's inappropriate behavior are never used: a. For disciplinary purposes; b. For the convenience of staff; c. As a substitute for a needed training program; or d. By untrained or unqualified staff.				
	PROGRAM DOCUMENTATION REQUIREMENTS				
16.04.11.704.01.a	Are daily entries of all activities conducted toward meeting participant objectives?				
16.04.11.704.01.b	Is there Sufficient progress data to accurately assess the participant's progress toward each objective;				
16.04.11.704.01.c	Is there an ongoing review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials.				
16.04.11.704.01.d	Is there documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services?				
16.04.11.705	Does the participant record clearly document the date, time, duration, and type of service?				
16.04.11.705	Does the participant record include the signature of the individual providing the service, for each service provided? Each signature must be accompanied both by credentials and the date signed. 16.04.11.705				
16.04.11.700.05	Does Documentation of Plan Changes at a minimum include the reason for the change, the date the change was made, and the signature of the professional making the change complete with date, credential, and title.				
16.04.11.700.05	If there are changes to a Program Implementation Plan that affect the type or amount of service on the plan of service, Does the agency assure that an addendum to the plan of service is completed.				
	QUALITY ASSURANCE/DEVELOPMENTAL THERAPY				
16.04.11.900.02.d	PARTICIPANT SATISFACTION: Does the agency have documentation that quality of services is assured through ongoing participant satisfaction?				
16.04.11.510.04.	INCIDENT REPORT: Does the file contain incident reports for all accidents, injuries or other events that endanger the participant?				
16.04.11.510.04.	Does each incident report contain documentation that the adult participant's legal guardian, if he has one, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so?				
	SERVICE DELIVERY				
	SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES. Where Applicable: Based on observation/documented notes of DS observation				
16.04.11.520.01.	Is there evidence that community-based setting is accessible, safe, and appropriate for the participant				
16.04.11.520.02.	Is there evidence that community-based setting are designed and equipped to meet the needs of the participant including factors such as sufficient space, equipment, lighting, and noise control.				
16.04.11.520.03.	Is there evidence that community-based setting services occur in integrated, inclusive settings and with no more than three (3) participants per trainer at each training session.				
16.04.11.520.04	Is there evidence that community-based setting enhances the participant's social image, personal competencies, and promote inclusion in the community?				
	DEVELOPMENTAL THERAPY				
16.04.11.711.01	Does the agency assure that the Areas of Service are directed toward the rehabilitation or habilitation of				

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	physical or mental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency.				
16.04.11.711.02	Is the Developmental therapy is age-appropriate ?				
16.04.11.900	Does the agency have a process to assure that Tutorial Activities and Educational Tasks are not included in therapy?				
16.04.11.900.	Is there that Sufficient staff and material resources are available to meet the needs of the participant;				
16.04.11.900.	Is the environment in which services are delivered is safe and conducive to learning;				
	Are the skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate				
16.04.11.900.03.	Does the agency have a process and/or monitoring tool to assure that DDA services provided to participants are observable in practice?				
	OPTIONAL SERVICES				
	COLLATERAL CONTACT				
16.04.11.724.01	If Collateral Contact is provided (Service is optional) , does the agency assure that the service conducted by Agency Professionals qualified to deliver services and be necessary to gather and exchange information with individuals having a primary relationship to the participant?				
16.04.11.724.02	Does participant file have evidence the Collateral contact conducted Face to Face or by Telephone ?				
16.04.11.724.02	Does the agency assure Collateral Contact does not include general staff training, general staffing, regularly scheduled parent-teacher conferences, general parent education, or treatment team meetings, even when the parent is present?				
16.04.11.724.03	Is the Collateral Contact listed on the plan with a goal and objective stated on the plan of service that identifies the purpose and outcome of the service and is conducted only with individuals specifically identified on the plan of service? Program Implementation Plans are not required for collateral contact objectives.				
	SUPPORTIVE COUNSELING (OPTIONAL SERVICE)				
16.04.11.726.01	If Supportive Counseling service is provided (Service is optional) , does the agency assure that the service is recommended in a current psychological assessment?				
16.04.11.726.02	Does the agency assure that Supportive Counseling is provided in accordance with the requirements for the plan of service ? The type, amount, frequency and duration of this service must be specified on the plan of service.				
16.04.11.726.03	Does the agency assure that Supportive Counseling is provided by a professional listed under subsection 712.02 of these rules or by a licensed social worker (LSW)?				

Notes:

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If Participant receives developmental therapy to address PT/OT/SLP needs, or meets the requirement for med/soc or Psych assessment the following criteria must be met for Comprehensive Assessments. Complete the following as indicated.

OTHER COMPREHENSIVE ASSESSMENTS (as indicated above)

	MEDICAL SOCIAL HISTORY – Completed by the IAP’s Office (not required):				
16.04.11.604.07	Does the file contain a Medical Social History completed or obtained by the DDA?				
16.04.11.604.07	If the Medical Social History is completed by the DDA, it must include the following:				
16.04.11.604.07.a	<ul style="list-style-type: none"> Medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; 				
16.04.11.604.07.b	<ul style="list-style-type: none"> Developmental history including developmental milestones and developmental treatment interventions; 				
16.04.11.604.07.c	<ul style="list-style-type: none"> Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse; 				
16.04.11.604.07.d	<ul style="list-style-type: none"> Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; 				
16.04.11.604.07.e	<ul style="list-style-type: none"> Educational history including any participation in special education; 				
16.04.11.604.07.f	<ul style="list-style-type: none"> Prevocational or vocational paid and unpaid work experiences; 				
16.04.11.604.07.g	<ul style="list-style-type: none"> Financial resources; and 				
16.04.11.604.07.h	<ul style="list-style-type: none"> Recommendation of services necessary to address the participant's needs. 				
	PSYCHOLOGICAL ASSESSMENTS				
16.04.11.601.01	Is the assessment completed or obtained prior to the delivery of therapy?				
16.04.11.600.01.e	Does the agency assure that psychological assessments obtained, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs?				
16.04.11.601.03.a -e	Does the agency assure that a <u>current</u> psychological assessment’s is completed or obtained when the participant is receiving a behavior modifying drug(s); Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); when it is necessary to determine eligibility for services or establish a diagnosis; when a participant has been diagnosed with mental illness;				
16.04.11.703.07.	Does the agency assure that when a psychological assessment is completed the results of the assessment are used when developing objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or				

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	delivered in a manner that presents a risk to the participant's mental health status?				
16.04.11.600.03	Is the assessment signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person?				
16.04.11.708.01	Does the agency assure that all services are included on the participant's plan of service?				
16.04.11.602.01	Is the assessment current? To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis.				
16.04.11.602.02. (Also Refer to 601.02)	At the time of the required review of the assessment, does the qualified professional in the respective discipline determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participants current status in that service area?				
16.04.11.602.02. Also Refer to 601.02	If during review of the assessment the latest assessment accurately represents the status of the participant, does the file contain documentation from the professional stating so?				
	PSYCHIATRIC ASSESSMENTS				
16.04.11.601.01	Is the assessment completed or obtained prior to the delivery of therapy?				
16.04.11. 600.01.e.	Does the agency assure the psychiatric assessment obtained formulates a diagnosis?				
16.04.11.703.07.	Does the agency have a process to assure that the results of the psychiatric assessment when completed, is used when developing objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status?				
16.04.11.600.03	Is the assessment signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person?				
16.04.11.708.01	Does the agency assure that all services are included on the participant's plan of service?				
16.04.11.705.01.f.	Does the assessment, completed or obtained by the agency, include assessment results, test scores when applicable, and narrative reports, signed with credentials and dated by the respective evaluators?				
	OCCUPATIONAL THERAPY ASSESSMENT (if applicable)				
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16.04.11.602.02.	At the time of the required review of the assessment, does the qualified professional in the respective				

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Deficiency citation number	IDAPA 16 .04.11 DEVELOPMENTAL DISABILITIES AGENCIES	Is agency in compliance YES NO N/A			COMMENTS If marked no state reason why agency is not in compliance.
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(Also Refer to 601.02)	discipline determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participants current status in that service area?				
16.04.11.705.01.f.	Does the assessment, completed or obtained by the agency, include assessment results, test scores when applicable, and narrative reports, signed with credentials and dated by the respective evaluators?				
16.04.11.708.01	Is the service included on the participant's plan of service?				
	PHYSICAL THERAPY ASSESSMENT (If applicable)				
16.04.11.601.01	Is the comprehensive assessment completed or obtained prior to the delivery of therapy?				
16.04.11.600.01.a	Does the comprehensive assessment determine the necessity of the service?				
16.04.11.600.01.b	Does the comprehensive assessment determine the participant's needs?				
16.04.11.600.01.c	Does the comprehensive assessment guide treatment?				
16.04.11.600.01.d	Does the assessment identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline?				
16.04.11.600.03	Does the agency assure that the comprehensive assessments completed by the DDA is signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person?				
16.04.11.600.03	Is the assessment signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person?				
16.04.11.600.01.d.	Does the assessment Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline?				
16.04.11.705.01.f.	Does the assessment, completed or obtained by the agency, include assessment results, test scores when applicable, and narrative reports , signed with credentials and dated by the respective evaluators?				
16.04.11.708.01	Does the agency assure that all services are included on the participant's plan of service?				
16.04.11.600.01.e	Does the assessment recommend the type and amount of therapy necessary to address the participant's needs?				
16.04.11.602.01	Is the assessment current? To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis.				
16.04.11.602.02. (Also Refer to 601.02)	At the time of the required review of the assessment, does the qualified professional in the respective discipline determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participants current status in that service area?				
16.04.11.602. Also Refer to 601.02	If during review of the assessment the latest assessment accurately represents the status of the participant, does the file contain documentation from the professional stating so?				
	SPEECH LANGUAGE ASSESSMENT (if Applicable)				
16.04.11.601.01	Is the comprehensive assessment completed or obtained prior to the delivery of therapy?				
16.04.11.600.01.a	Does the comprehensive assessment determine the necessity of the service?				
16.04.11.600.01.b	Does the comprehensive assessment determine the participant's needs?				
16.04.11.600.01.c	Does the comprehensive assessment guide treatment?				
16.04.11.600.01.d	Does the assessment identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline?				
16.04.11.600.03	Does the agency assure that the comprehensive assessment is signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person?				
16.04.11.600.03	Is the assessment signed and dated by the professional completing the assessment and include the appropriate				

DDA AGENCY SELF ASSESSMENT FORM CHILD PARTICIPANT CLINICAL REVIEW

Deficiency citation number	IDAPA 16 .04.11 DEVELOPMENTAL DISABILITIES AGENCIES	Is agency in compliance YES NO N/A	COMMENTS If marked no state reason why agency is not in compliance.
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	professional credential or qualification of that person?				
16.04.11.601.01	Is the assessment completed or obtained prior to the delivery of therapy?				
16.04.11.600.01.d	Does the assessment Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline?				
16.04.11.705.01.f.	Does the assessment, completed or obtained by the agency, include assessment results, test scores when applicable, and narrative reports, signed with credentials and dated by the respective evaluators?				
16.04.11.708.01	Does the agency assure that all services are included on the participant's plan of service?				
16.04.11.600.01.e	Does the assessment recommend the type and amount of therapy necessary to address the participant's needs?				
16.04.11.602.01	Is the assessment current? To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis.				
16.04.11.602.02. (Also Refer to 601.02)	At the time of the required review of the assessment, does the qualified professional in the respective discipline determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participants current status in that service area?				
16.04.11.602. Also Refer to 601.02	If during review of the assessment the latest assessment accurately represents the status of the participant, does the file contain documentation from the professional stating so?				

Notes: